



**State of New Jersey**  
OFFICE OF ADMINISTRATIVE LAW

**INITIAL DECISION**

OAL DKT. NO. HMA 02983-24

AGENCY DKT. NO. N/A

**C.H.,**

Petitioner,

v.

**HUNTERTON COUNTY BOARD OF  
SOCIAL SERVICES,**

Respondent.

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**J.H.**, on behalf of petitioner, pursuant to N.J.A.C. 1:10B-5.1

**George Rasare**, Family Service Worker, for respondent pursuant to N.J.A.C.  
1:1-5.4(a)(3)

Record Closed: April 16, 2024

Decided: April 23, 2024

BEFORE **SARAH G. CROWLEY**, ALJ:

**STATEMENT OF THE CASE**

The petitioner, C.H., appeals the determination made by the respondent, the Hunterdon County Board of Social Services (HCBSS), terminating Medicaid due to petitioner being over income. The petitioner does not dispute that C.H.'s income exceeds the eligibility standards for Medicaid Aged, Blind, Disabled (ABD) Programs.

The petitioner argues that the standards which consider her marital status are unlawful. However, it is likewise undisputed that the petitioner would not meet the eligibility standard for a single person either for the Medicaid program.

### **PROCEDURAL HISTORY**

The application was filed on November 30, 2023, and denied by letter dated January 18, 2024. The petitioner requested a fair hearing, and on March 5, 2024, the Division of Medical Assistance and Health Services (DMAHS) transmitted this matter to the New Jersey Office of Administrative Law (OAL) for a hearing and determination as a contested case. N.J.S.A. 52:14B-1 to -15 and N.J.S.A. 52:14F-1 to -13. The matter was heard on April 16, 2024, and the record closed at that time.

### **TESTIMONY AND FACTUAL DISCUSSION**

**George Rasare**, Family Service Worker, testified on behalf of the HCBSS. He testified that the petitioner was found ineligible for Medicaid due to being over income. The petitioner's income was \$1,379.90 and her spouse's \$2,621.90. The petitioner's total countable income is \$4,106.80 and the monthly program income limit is \$1,644. N.J.A.C. 10:72-4.1. The decision to deny benefits based on income was proper. The packet from the HCBSS was entered into evidence as R-1.

**J.H.**, C.H.'s husband, testified on behalf of the petitioner. He did not dispute any of the income information that was provided. He cited and read provisions of the New Jersey Law Against Discrimination and federal laws prohibiting discrimination based on marital status. He argues that the consideration of C.H. as a spouse was unlawful. It was explained to J.H. that his spouse would not have qualified as a single person under the provision of N.J.A.C. 10:72-4.1 either. He does not dispute the income information that was used to make the decision.

**LEGAL DISCUSSION**

Pursuant to N.J.A.C. 10:72-4.1, NJ FamilyCare ABD benefits require that an applicant be below the income of \$1,644.00 to be eligible for the programs. The petitioner does not meet this requirement and there is no dispute regarding the income level of the petitioner. The couple's total monthly countable income is \$4,106.80. Accordingly, petitioner does not qualify for Medicaid issued in September 2023.

Based on the testimony and the assessment provided by the respondent, which was competent, persuasive, and reliable, I **CONCLUDE** that the petitioner does not meet the eligibility criteria set forth at N.J.A.C. 10:72-4.1, and the decision of the HCBSS must be **AFFIRMED**.

**ORDER**

Based on the foregoing, the respondent's denial of benefits is **AFFIRMED**. The petitioner's appeal is **DISMISSED**.

I **FILE** this initial decision with the **ASSISTANT COMMISSIONER OF THE DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES**. This recommended decision is deemed adopted as the final agency decision under 42 U.S.C. § 1396a(e)(14)(A) and N.J.S.A. 52:14B-10(f). The **ASSISTANT COMMISSIONER OF THE DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES** cannot reject or modify this decision.

If you disagree with this decision, you have the right to seek judicial review under New Jersey Court Rule 2:2-3 by the Appellate Division, Superior Court of New Jersey, Richard J. Hughes Complex, PO Box 006, Trenton, New Jersey 08625. A request for judicial review must be made within 45 days from the date you receive this decision. If you have any questions about an appeal to the Appellate Division, you may call (609) 815-2950.

April 23, 2024

DATE

  
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SARAH G. CROWLEY, ALJ

Date Received at Agency:

April 23, 2024

Date Mailed to Parties:

April 23, 2024

SGC/kl

**APPENDIX**

**WITNESSES**

**For petitioner**

J.H., spouse of petitioner

**For respondent**

George Rasare, Family Service Worker

**EXHIBITS**

**For petitioner**

None

**For respondent**

R-1 Packet from HCBSS